#### COMPLETE THIS SECTION ON DELIVERY **SENDER: COMPLETE THIS SECTION** A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, CLAUDE SIZ or on the front if space permits. ☐ Yes D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below □ No KELLY PAYNE KENNECOTT UTAH COPPER CORP 4700 DAYBREAK PKWY SOUTH JORDAN UT 84095 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes EB 9-17-12 MI035/0002 2. Article Number 4817 0001 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

UNITED STATES POSTAL SERVICE



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Form 3000, August 2000

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TANT: Save this receipt and present it when making an inquiry.

3800, August 2006 (Reverse) PSN 7530-02-000-9047